05/26/2016 17:30

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	
National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
	C C00490375
Check if 🔀 24-hour report 🔲 48-hour report 🔀 New report 🔲 Amends rep	port filed on
Full Name of Price	
Full Name of Payee National Nurses United	Date of Public Distribution/Dissemination
	05 23 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	688.50
Oakland CA 94612	Transaction ID : D742530  Date of Disbursement or Obligation
Purpose of Expenditure Category/	Date of Disbursement of Obligation
Payroll Type	05 25 2016
Name of Federal Candidate Support	Office Sought: House District:00
Bernie Sanders Oppose	President Senate State: CA
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought 3960.70	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
National Nurses United	M M / D D / Y Y Y Y Y
Mailing Address 155 Grand Avenue	05 24 2016
100 Grand Avenue	Amount
City State Zip Code	573.75
Oakland CA 94612	Transaction ID : D742532
	Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/	05 26 2016
Type	
Name of Federal Candidate Support	Office Sought: House District:00
Bernie Sanders Oppose	President Senate State: CA
Calendar Year-To-Date	Disbursement For: X Primary General
Per Election for Office Sought 3960.70	2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	···· <b>&gt;</b> 1262.25
(b) SUBTOTAL of Unitemized Independent Expenditures	··· <b>&gt;</b>
(c) TOTAL Independent Expenditures	··· <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were	e not made in cooperation consultation or concert
with, or at the request or suggestion of, any candidate or authorized committee or agent	
party committee) any political party committee or its agent.	
Martha Kuhl	
[Electronically Filed] Da	te 05 26 2016
Signature	